

State of California

Application For QSI Certification Renewal

Date: _____

QSI Certificate Number _____

Personal Information

First Name Middle Name Last Name Social Security Number

Street Address

City

()

State

Zip Code

Phone

☐ Check if name and address may be released to parties requesting a list of QSI Certified Inspectors.

Continuing Education

Describe course of study from approved QSI Training Programs attended since previous biennial certification. Include dates of training and provide a copy of course certificate showing evidence of total hours of attendance.

Experience. (Describe employment over the last two years including duties.)

1st Employer

| | | |
|----------------|-----------------------------|-----------|
| From (mm/yy) | To (mm/yy) | Job title |
| Hours per week | Total worked (years/months) | Company |
| Supervisor | Phone | Address |

2nd Employer

| | | |
|----------------|-----------------------------|-----------|
| From (mm/yy) | To (mm/yy) | Job title |
| Hours per week | Total worked (years/months) | Company |
| Supervisor | Phone | Address |

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the certification process. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California. All documents submitted will remain confidential.

The fee for the biennial renewal of a QSI Certificate shall be one hundred twenty five dollars (\$125.00) Title 8 344.16(b). The fee shall be attached to this application as a check made out to the Department of Industrial Relations PAR Inspection Fund.

Two passport photos must be enclosed with this application. Digital format will be accepted as preferred.

| | |
|----------------------|------|
| Applicants Signature | Date |
|----------------------|------|

Return application to:

State of California

DIR-DOSH / PAR Certification Section

2424 Arden Way, Suite 340

Sacramento, CA 95825

PAR Form 11